# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

SERIAL NO. 10-57794

FILING DATE

APPLICANT(S)

## CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | | 51 | | | | | | |
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| 10 | 1 | | | | | | | 60 | | | | | | |
| 11 | | | | | | | | 61 | | | | | | |
| 12 | | | | | | | | 62 | | | | | | |
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| 14 | | | | | | | | 64 | | | | | | |
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| 36 | | | | | | | | 86 | | | | | | |
| 37 | | | | | | | | 87 | | | | | | |
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| 42 | | | | | | | | 92 | | | | | | |
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| TOTAL IND. | | | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | | | | | | |